

Primary Healthcare Implementation Advisory Board

Annual Report
Fiscal Year 2002-2003

May 25, 2004

The Leon County Primary Healthcare Program

- Total Program Cost:
- Value of Volunteered Services
and In-kind Contributions
- Community Benefit:

\$1,053,802.84

\$2,084,340.80

\$7,608,875.52

• Return on Investment:

7.2 to 1

- New CareNet Patients:
- Cost Per Patient (FY 02-03):
- Cost Per Patient (FY 01-02):

4,210

\$250.31

\$254.87

Primary Healthcare Implementation Advisory Board Annual Report FY 02-03

Executive Summary

The Primary Healthcare Program is a comprehensive approach to providing primary care, specialty care, inpatient care, and pharmaceutical services to the uninsured or medically underserved residents of Leon County. Leon County's Primary Healthcare Program was established in December of FY 01-02 and operated for the remaining three quarters of that fiscal year. The program was reauthorized for FY 02-03 with full funding from the Primary Healthcare Program Municipal Services Taxing Unit (MSTU). The following partners were continued for FY 02-03.

- Bond Community Health Center
- Neighborhood Health Services
- Capital Medical Society Foundation (We Care)
- Tallahassee Memorial Hospital
- Capital Regional Medical Center
- Florida A&M University College of Pharmacy and Pharmaceutical Sciences

FY 02-03 Program Highlights

The following are highlights of the programs FY 02-03 implementation:

- Total Program Cost: \$1,053,802.84
- New CareNet Patients: 4,210
- Value of Volunteered Services and In-kind Contributions \$2,084,340.80
- Community Benefit: \$7,608,875.52
- Return on Investment: 7.22 to 1
- Cost Per Patient (FY 02-03): \$250.31
- Cost Per Patient (FY 01-02): \$254.87
- Since the inception of the Primary Healthcare Program, TMH has experienced a 16.76% reduction in non-emergent emergency department visits. The non-emergent emergency department visit for CRMC were not tracked during the FY 01-02.

Program Recommendations

The Primary Healthcare Advisory Board recommends the following goals and objectives for FY 03-04 for the Primary Healthcare Program:

- That Leon County should continue its full financial support for primary Health care for the uninsured and medically underserved in Leon County;
- That the Florida Legislature needs to addresses the critical healthcare issues and provide solutions at the state level;

- To evaluate the implementation of a ½ cent sales sur tax funded Primary Healthcare Trust Fund and repeal of the healthcare property tax.
- To study the total cost of establishing a comprehensive healthcare system for the uninsured and medically underserved in Leon County.
- Develop community-wide measures of “value added” by primary healthcare system;
- Establish reasonable measures of treatment outcomes for chronic conditions;
- Continue to demonstrate a strong Return On Investment (ROI) for community;
- Encourage business support of continuing healthcare coverage for employees;
- Produce a fact sheet on the successes of the primary healthcare program.

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The Leon County Primary Healthcare Program

Background

On May 29, 2001, The Board of County Commissioners (BOCC) held a workshop to hear a presentation on the *Report and Business Plan for a Healthcare Delivery System for Uninsured Residents of Leon County* by MGT of America. After this presentation, the BOCC directed County staff to schedule a public hearing to consider implementing a Municipal Service Taxing Unit (MSTU) to fund primary healthcare for the low-income and uninsured citizens of Leon County.

On June 12, 2001, a public hearing was held on a proposed ordinance to create a primary healthcare service Municipal Service Taxing Unit. At the public hearing, the BOCC heard citizen testimony regarding the proposed MSTU, adopted Ordinance 01-13 and directed County Staff to explore additional funding alternatives for the program.

During the July 24, 2001, budget workshop, the BOCC voted unanimously to fund Healthcare Services for the uninsured residents of Leon County. However, the motion deferred specifics of program funding until the July 31, 2001 regularly scheduled meeting.

At the July 31, 2001, regularly scheduled BOCC Meeting, funding of the Uninsured Healthcare Program for one year was approved by using \$500,000 from the Self-insurance fund balance, levying a countywide MSTU of 0.06 mills and \$200,000 from the Inter-governmental Transfer/Special Medicaid Program Option. The BOCC requested further study and analysis of a healthcare delivery system model to be implemented.

On September 18, 2001, the BOCC held a workshop to review County Staff reports and to determine a model by which healthcare services would be delivered. A special committee of the County Administrator and the Chief Executive Officers of Tallahassee Memorial Healthcare and Capital Regional Medical Center was established to consider various models and to recommend a healthcare delivery system most efficient and appropriate for the needs of the County.

On December 11, 2001, the BOCC directed staff to initiate implementation via County funding of the CareNet healthcare services delivery model for the remaining three quarters of FY 01/02; accepted the special committees Implementation Plan and Proposed Budget; directed staff to schedule a public hearing on January 8, 2001 to modify the charge of the Primary Healthcare Advisory Board; authorized the execution of healthcare delivery contracts with Bond CHC, Neighborhood Health Services, Inc. and the We Care Network of the Capital Medical Society Foundation; Adopted Resolution 01-49 establishing a Sliding Fee Schedule and Eligible Income Levels for participating CareNet Clinics; and adopted Resolution 01-50 creating the Primary Healthcare Implementation Advisory Board.

On January 29, 2002, the BOCC adopted Resolution 02-03 requiring the Primary Healthcare Implementation Advisory Board to report annually on the effectiveness of the Primary Healthcare Program for the uninsured and to report its findings and recommendations for programmatic improvements.

The Primary Healthcare Services Delivery System

The Healthcare Delivery Model: CareNet

CareNet, is a public and private sector partnership of a voluntary coalition of healthcare providers designed for the purpose of providing cost effective primary and specialty healthcare services to low-income and uninsured citizens of Leon County.

CareNet Goals and Objectives

- To leverage County, State, Federal and private funds to the highest extent possible
- To the establishment of recurring primary care relationships
- To provide access to primary and specialty healthcare services in the most cost effective and efficient manner
- To maintain high regard and respect for individual dignity

CareNet is comprised of Bond Community Health Center, Inc., Neighborhood Health Services, Inc., the We Care Network of the Capital Medical Foundation, the Leon County Health Department, Tallahassee Memorial Health Care, Capital Regional Medical Center, Florida State University School of Medicine, Florida A and M University College of Pharmacy and Pharmaceutical Sciences and Tallahassee Community College. Through Leon County and the Leon County Health Department, CareNet receives Health Resources and Services Administrations Community Access Program grants for automated information systems, marketing services, and other purposes.

Primary Care

Bond Community Health Care Center, Inc. and Neighborhood Health Services, Inc. provide primary care. Both Clinics provide a wide range of primary healthcare services for children and adults. The Clinics accept patients by appointment or walk-in and upon referral from hospital emergency departments. Bond Community Health Center and Neighborhood Health Services provide social workers and case managers for patient follow-up. Both Clinics offer extended-hours of operation for medical service delivery and are well situated to public transportation. Relative ease of access is provided with Bond Community Health Center at two locations: 710 W. Orange Avenue and 872 West Orange Avenue and Neighborhood Health Services at 438 West Brevard Street.

Clinic facilities offer on-site laboratory services, mental health care and case management, on-site care and case management for patients with diabetes and hypertension, and breast and cervical cancer screening.

Neighborhood Health Services and Bond Community Health Center conduct community health screenings for early detection of such chronic diseases as asthma, diabetes, and hypertension. Some eighty-six patients have received chronic disease self-management instructions during this fiscal year.

Specialty Physician Care

Significant to the CareNet model of healthcare service delivery is the continuum of care and added value of the We Care Network of the Capital Medical Society Foundation. We Care provides specialty physician care services on a volunteer basis. We Care accepts patients from Bond Community Health Center and Neighborhood Health Services upon referral. Referred patients receive specialty physician care and case management services.

With the escalating cost of specialty care physician medical malpractice insurance coverage, CareNet is experiencing a decreasing number of physicians providing services on a volunteer basis. This is especially significant in the medical specialty area of Obstetrics and Gynecology. The Primary Healthcare Implementation Advisory Board is tracking OB/GYN service needs.

Inpatient Hospital Care

Capital Regional Medical Center and Tallahassee Memorial Healthcare provide inpatient care for referrals from the We Care Network. Historically, the inpatient hospital services have been provided without charge.

Hospital Uncompensated Medical Care

According to the Agency for Health Care Administration (AHCA), for FY 02-03, Tallahassee Memorial Hospital experienced a total of \$52,890,089 in the provisions of health care services for which they were not compensated. Capital Regional Medical Center experienced \$14,416,731 in uncompensated care for the same period. For the five year period (1997-2002), Tallahassee Memorial Hospital experienced a twenty-one (21%) per cent growth in uncompensated care, while Capital Regional Medical Center experienced a one hundred twenty-five (125%) per cent growth for the same period. The cost of uncompensated care drives up the cost of health care for the entire community.

Hospital Emergency Departments

The emergency medicine departments of Capital Regional Medical Center and Tallahassee Memorial Healthcare continue to experience a high number of patient visits. An October 1, 2002 through September 30, 2003 examination of Emergency Room data for Leon County's hospitals reveals that 12,387 emergency room patients per year are presenting for non-

emergency care. Non-emergent hospital emergency department visits increase hospital expenses for all citizens.

As CareNet partners, hospital emergency departments have instituted a mechanism for the referral of patients presenting for non-emergent emergency department services to the CareNet Clinics.

Prescription Services

The Florida A&M University College of Pharmacy and Pharmaceutical Sciences provides prescription drug services at Bond Community Health Center and Neighborhood Health Services. Pharmacy services are supported by FAMU and a pharmacy services grant through Health Resources and Services Administration. Prescription Drug cost is substantially reduced by the participation of the FAMU pharmacy in the federal prescription drug purchasing program. The pharmacy programs also provide the opportunity to take advantage of the drug manufacturers special low-income and uninsured programs. The FAMU pharmacies also provide educational services on appropriate drug usage and disease management counseling.

Funding Methodology

Primary Care

The Leon County Primary Healthcare Program provides participating clinic facilities with additional capacity measured to appropriately serve the additional targeted population. Primary Healthcare Program funding is in the form of reimbursement for expenditures for medical personnel. Staffing additions are based upon the staffing needs of the individual clinics. Both clinics added a medical practitioner, a nurse, part time pharmacist, part time pharmacy assistants, and from 1 to 2 medical support personnel as needed. Bond Community Health Center was allocated \$10,383 per month and Neighborhood Health Services was allocated \$6,700 per month for medications. Each clinic was additionally allocated \$8,865 monthly for diagnostic services, and \$250 for laboratory services. Primary Healthcare Program Expenditures, by clinic, for FY 02-03 were as follows:

Bond Community Health Center, Inc.

Staffing	FY02-03
Registered Nurse/Licensed Practical Nurse	\$50,000
One Full Time and One Part Time Support	\$30,000
Part time Pharmacy Clerical	\$15,000
Medical Services	

Medications	\$124,600
Diagnostic Services	\$106,380
Laboratory Services	\$138,000
Total	\$468,980

Neighborhood Health Services, Inc.

Staffing	FY 02-03
Medical Practitioner	\$140,000
Registered Nurse/Licensed Practical Nurse	\$50,000
Registered Pharmacist (Part time)	\$70,000
One Full Time and One Part Time Support	\$30,000
Pharmacy Clerical (Part time)	\$15,000
Medical Services	
Medications	\$80,400
Diagnostic Services	\$106,000
Laboratory Services	\$3,000
Total	\$494,780
Funding amounts differ due to differences in Staff composition.	

Specialty Care

We Care Network

Staffing		FY 02-03
Project Coordinator (Part time)		\$23,840
Case Manager		\$29,484
Case Management Aide		\$21,060
Operating Expenses		\$9,232
Capital Expense		\$6,427
Total		\$90,043

Primary Healthcare Program Administrative Expense

Administrative Expense		Amount
Personal Services		\$45,198
Travel		\$0
Machinery and Equipment		\$1,926
Total		\$47,124

Primary Healthcare Implementation Advisory Board

On January 31, 2002 the Primary Healthcare Implementation Advisory Board (PHAB) convened its first meeting. Upon the adoptions of by-laws and the election of officers, the panel requested that staff to address the issues of: 1) A residency verification process; 2) a new and an existing patient identification process; and 3) a funding structure and accountability process.

Residency Verification Process

At the March 7, 2002 Meeting of the PHAB, the residency verification process was presented and approved. Each uninsured upon presentation at either Clinic must complete a residency verification form and present required identification to establish current Leon County residency. The uninsured is responsible for establishing residency. Acceptable identification documents are follows: 1) For personal identification; a) current driver license with photo; b) valid social security number; c) valid birth certificate; and d) such other combination of documents as may establish personal identity. 2) For residency verification: a) Leon County property tax statement; b) valid utility bill; c) valid vehicular registration; and d) any combination of the above. Program eligibility must be determined at least annually, but may be reaffirmed at any time. Residency verification documentation is maintained in the patient's master file along with other pertinent patient information.

The Leon County Health Department under agreement with the Primary Healthcare Program performs quarterly random inspections and audits of the residency verifications and personal identity documents and files and reports findings to the Primary Healthcare Program Coordinator.

New and Existing Patients

The Primary Healthcare Program for the low-income and uninsured Leon County citizens is designed as a supplement, not to supplant, existing state and federal programs. The state and federal programs are regional, in that citizens from Leon and surrounding counties may become eligible for program participation, while the Leon County Primary Healthcare Program is to meet the unanswered healthcare needs of qualified Leon County citizens exclusively. Both CareNet clinic facilities participate in the state and federal programs. With the Leon County primary healthcare program established to supplement the federal and state existing programs, a need to identify patients as new and/or existing was created. A means of identifying patients as new or existing was developed by creating a database of each participant in the state and federal programs. CareNet facilities have the capability of identifying existing patients. Mandatory monthly reporting is required of Clinic facilities and, at a minimum, shall contain the following: a) a comprehensive list of all clients registered for the period with a unique patient identifier and program start date; b) number of total patient seen for the period and total patient encounters; c) number of new and existing patients seen and number of patient encounters; and d) total amount of sliding scale fee revenues collected with the number of patients charged therefor. The data base of existing patients has been created and is providing Clinics with the capability to determine the existing and/or new status of the patient. Further, the monthly reports are verified and audited for accuracy under agreement with the Leon County Health Department. The Coordinator of the Healthcare Program also audits and verifies the clinics monthly reports. CareNet information technology system activities are funded by the federal Health Resources and Services Administration.

Program Accountability

To ensure success of the program and provide a necessary level of accountability the following elements are included in each of the contracts with the CareNet partners. These provisions include:

- 1) No funds for staffing will be provided until such time as the staff member has been hired and present on duty station.
- 2) All invoicing and reporting must be completed prior to the disbursement of funds.
- 3) New and existing patient reports, total patients served, encounters and sliding fee revenue must be reported.
- 4) Quarterly and annual reports on the expenditure of County funds.
- 5) Termination clause if funds non-emergently expended.
- 6) Restriction of county funding to verified Leon County residents only.

CareNet Information System

The CareNet Information System is fully functional and available to all CareNet partners via the Internet. The CareNet information system has established a central server that is capable of accepting automatic and manually entered patient referrals from hospitals and uploads from health care centers. All partners have ready access to the system.

The system is designed not to accept patient demographic information on patients not from Leon County. The system also provides patient financial eligibility worksheets, health history files for updating with patient referral and visit information.

In addition, the system provides referral reports, show-no show reports, patient follow-up reports, error reports and offers the capability to download into commercially available spreadsheets for custom report production.

CareNet is in discussions with the Applied Technology Department of Tallahassee Community College to assess the viability of the CareNet system as a base for a shared medical records system for the CareNet community partners.

2003 Community Awareness and Public Education Program

The Community Awareness and Public Education Program was built upon the previous two years work. This program has proven effective in educating and informing the citizens of Leon County regarding the uninsured issue, and in educating and informing the uninsured population of their healthcare options with the CareNet program.

The program promoted CareNet at a grassroots level reaching all citizens. The activities involved in the campaign included:

- Using print, radio and TV outlets to provide strong third party endorsements of CareNet

- Promotion through community events i.e., basketball tournaments, participation in local fairs and events, health screenings at malls, open house events, etc.
- Paid advertising in billboards, taxi cabs, and radio
- Providing speakers to civic clubs, TV and Radio talk shows
- Production and distribution of posters, brochures, video, flyers, miscellaneous promotional items

Moore Consulting Group, Inc was awarded the contract to fully develop the campaign for CareNet. Moore has had the responsibility for working with the CareNet Steering Committee to coordinate the implementation of the program, measure the success, and adjust the campaign to maximize its effectiveness.

Hospital Emergency Department Use

The PHAB initiated a detailed study of the patterns of hospital emergency department utilization by uninsured Leon County citizens. As a result of the data, Clinic facilities expanded their hours of operation in concert with peak day-of-the-week and time-of-day hospital emergency department visits. Both clinics increased their capacity to accept an increased number of patients without appointments and to accept hospital emergency department referrals for follow-up medical visits. Tallahassee Memorial Healthcare ER data show a 9.45% reduction in non-emergent ER visits for the FY 02-03 time period.

Current Funding

It is estimated that the total funding need to provide primary healthcare to the uninsured residents of Leon County is \$1.2 million. Leon County Board of County Commissioners approved a .06 Multiple Service Tax Unit (MSTU) in FY 01 – 02 to provide funding for the Primary Healthcare Program of Leon County. The .06 MSTU generated approximately \$458,000. Additional funding was provided through federal match dollars in the amount of \$175,000 and \$567,000 from the general funds revenue of Leon County BOCC totaling \$1.2 million. The Commissioners approved a .12 MSTU in FY 02 – 03 generating an estimated \$1.1 million to fund the Primary Healthcare Program. Additional funding was provided through federal match dollars in the amount of \$175,000 totaling \$1.2 million and providing full funding for the FY 02 – 03.

Future Funding

The PHAB thus initiated a study to consider possible sources of permanent funding for the Primary Healthcare Program. To this end, a Committee was established to examine potential funding methodologies. The committee examined various funding options used by counties with the size and demographic similarities to Leon County. All Florida jurisdictions with taxing districts for indigent care were examined. The objective of the Board is to identify a means of adequately and permanently funding the Primary Healthcare Program while placing less reliance upon property tax revenues.

The Primary Healthcare Program Permanent Funding study committee is in process of reviewing the estimated number of uninsured in Leon County, the experience of the Hospital's Emergency Departments, the number of non-emergent Hospital Emergency Department visits by citizens not from Leon County, the amount of uncompensated care provided by local hospitals, and inventorying medical needs of the CareNet health care services delivery system.

Program Recommendations

The Primary Healthcare Advisory Board recommends the following goals and objectives for FY 03-04 for the Primary Healthcare Program:

- That Leon County should continue its continued financial support for primary Health care through the Primary Healthcare MSTU;
- That the Florida Legislature needs to addresses the critical healthcare issues and provide solutions at the state level;
- Evaluate the implementation of a ½ cent sales tax coupled with the repeal of the Primary Healthcare MSTU.
- Establishing the total cost for an effective comprehensive healthcare system;
- Educate community on "value added" through primary healthcare system;
- Establish measurable outcomes-accurate statistics;
- Demonstrate Return On Investment (ROI) for community
- Encourage businesses to support healthcare coverage;
- Produce a one-page fact sheet on the successes of the primary healthcare program and distribute to the general public and the media;
- To continue to assess the healthcare needs of the un-insured and underinsured residents of Leon County.

Monthly targets of new CareNet patients were established for each clinic and contractual changes appropriate thereto were made. Funding allocation and distribution is linked to monthly patient targets for Fiscal Year 03-04 and these monthly targets are being met. Work plans for the CareNet automated data system and Community Awareness programs have incorporated the recommendations of the PHAB and are currently accepting proposals for service.

Primary Healthcare Program Performance

The following is data compiled by staff regarding non-emergent hospital emergency department visits.

Non-emergent hospital Emergency Department Visits *October 1, 2002 through September 30, 2003*

County of Origin	TMH Visits	TMH Percent	CRMC Visits	CRMC Percent
Leon	5,204	69%	3,023	62%

Neighboring Counties	1,467	20%	1,417	29%
South Georgia	58	1%	12	0%
Other/Unidentified	769	10%	437	9%
Total	7,498	100%	4,889	100%

Conclusion: 31% of Non-emergent Hospital Emergency Department Visits at TMH are from outside Leon County and 38% of Non-emergent Hospital Emergency Department Visits at CRMC are from outside Leon County.

TMH Non-emergent Hospital Emergency Department
Comparison FY 2001/02 to FY 2002/03

County of Origin	FY 2001/02	FY 2002/03	Percent Reduction
Leon	5747	5204	-9.45%
Neighboring Counties	1618	1467	-9.33%
South Georgia	89	58	-40.89%
Other/Unidentified	1301	769	-34.83
Total	8755	7498	-16.76%

Conclusion: Since the inception of the Primary Healthcare Program, TMH has experienced a 16.76% reduction in non-emergent emergency department visits.

The Primary Healthcare Program has experienced a consistent pattern of growth at its primary care clinics within 02-03 FY of operation. A total of 4,210 new CareNet patients were provided primary and specialty care during this period, representing attainment of ninety-four (94%) of the targeted number of patients.

FY 02 - 03

New CareNet Patients	Number	PerCent
Targeted Number of New CareNet Patients	4,500	100%
Primary and Specialty Care New CareNet Patients	4,210	93.55%
Primary Care Services Only	3,575	79.44%
Specialty Care Services Only	635	14.11%

In addition, CareNet primary care clinics continued to see 10,096 existing patients. The clinics collected \$24,159.46 of Sliding Fee Scale Revenues on new CareNet patients. A total of 48,462

prescriptions were filled by pharmacies. Total patient care cost of the program for the fiscal year was \$1,050,588.84 or \$210.91 per patient.

Cost of Primary Healthcare Program

Facility	Cost	New CareNet Patients	Cost Per Patient Per Fiscal Year 01-02
Bond CHC	\$468,979.80	1,880	\$249.46
Neighborhood HS	\$494,780.04	1,695	\$291.90
We Care Network	\$90,043	635	\$141.80
Total	\$1,053,802.84	4,210	\$250.31

As a point of comparison, the County cost for FY 01 -02 for the Primary Healthcare program averaged \$254.87 per patient per year.

Leveraged Resources

CareNet is committed to leveraging resources to the fullest extent possible. In that endeavor, CareNet and the Primary Healthcare program benefit significantly from in-kind and volunteer contributions.

Donor	Value
Florida A & M University	\$294,465
Florida State University School of Medicine	\$76,875
Capital Medical Society Foundation	\$444,151.30
Capital Regional Medical Center, Inc. and Tallahassee Memorial HealthCare, Inc.	\$311,071.94
Quest Diagnostics, Inc.	\$503,118.27
Medical Services-Volunteer	\$425,712.29

Administrative Services-Volunteer		\$23,650
Fixed Assets-Donation		\$5,000
Total		\$2,084,043.80

Community Benefit

All citizens of Leon County pay for healthcare services for low-income and uninsured citizens through direct and indirect expense. At times these expenses are evident in higher hospital and insurance cost. At other times the expenses are evident in higher cost of social programs. The table below demonstrates the more evident value of the Leon County Primary Healthcare program. Values presented are net of cost and represent savings or avoided expense.

Function	Number	Value
Prescriptions filled	39,608	\$1,692,083.12
Emergency Department Visits Avoided	760	\$335,737.60
Hospital Admissions Avoided	461	\$2,836,391
Value of Volunteered Services and In-kind contributions		\$2,084,043.80
Value of New Money to County		\$661,323
Total Community Benefit to County		\$7,609,578.52
Primary Healthcare Program Expense		\$1,053,802.84
Return on Investment		7.22 to 1

The Leon County Primary Healthcare Program continues to be a viable program of great value to the County. The Primary Healthcare Implementation Advisory Board commends the Board of County Commissioners for its foresight in creating the primary healthcare program.